Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Approved for use through 1/31/2007, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/587,782			ing Date 18/2007	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN ALL ENTITY
FOR			IUMBER FI	.ED NU	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	1	N/A		ı	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1 16(a), (p),	E	N/A		N/A		N/A		ı	N/A	
TO'	FAL CLAIMS CFR 1.16(i))		minus 20 = *			1	x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM	IS	minus 3 = *			1	x \$ =		1	X S =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE sheet is \$2 addi	ts of pap 250 (\$125 tional 50	ation and drawin er, the application for small entity) sheets or fraction a)(1)(G) and 37	n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	L
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	03/09/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 28	Minus	29	= 0		X \$26 =	0	OR	X \$ =	
	Independent (37 CFR 1.16(h))	· 6	Minus	•••6	- 0		X \$110 =	0	OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	**	-		X \$ =		OR	x s =	
M	Independent (37 CFR 1 16(h))	•	Minus	***	-	l	X \$ =		OR	x s =	
딟	Application Size Fee (37 CFR 1.16(s))					ı			l		
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR		
									OR	TOTAL ADD'L FEE	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Idal or Independent) is the highest number found in the appropriate box in column 4. The critication of Increasting is growing that 37 CET Is 16. The internation is an exceeded to the appropriate box in column 4.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the DSFT0 to process) an application. Confidentiality is governed by 35 US. of .22 and 37 CFR 1.14. This collection is estimated to bette 21 minutes to complete, including gathering preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suppessions for reducing this burden, should be sent to the Chief information Cliber. U.S. Patient and Trademark Office, U.S. Department of Commono. P.O. Box 1496, Alexandria, V. 2231-0. Do NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO: Commissioner for Patients, P.O. Box 1490, Alexandria, V. 2231-3. Box 1500, DO NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO: Commissioner for Patients, P.O. Box 1490, Alexandria, V. 2231-3. Box 1500, DO NOT SEND FEES OR COMPLETED FORMS TO THIS